

**USED OIL COLLECTION CENTER CERTIFICATION APPLICATION**

CIWMB 29 (Rev. 11/95)

**INSTRUCTIONS**

Print in ink or type. Submit a separate form for each location. Indicate N/A for any items that are not applicable.

**I. APPLICATION TYPE (Check One)**☐ Initial Application☐ Recertification Application

CIWMB Identification Number \_\_\_\_\_

(To be completed by CIWMB if for initial certification)

**OIL COLLECTION CENTER INFORMATION**

Oil Collection Center Name \_\_\_\_\_

Street Address (location of oil collection center)

City

State

Zip

Mailing Address (if different than street address)

City

State

Zip

Contact Person's Name

Contact Person's Phone Number

( )

Hazardous Waste Generator (EPA) Identification Number (If Applicable) \_\_\_\_\_

Description of physical location of collection center; including nearest cross streets:  
\_\_\_\_\_  
\_\_\_\_\_**III. OPERATOR INFORMATION**

Operator's Name \_\_\_\_\_

Operator's Mailing Address

City

State

Zip

Contact Person's Name

Contact Person's Phone Number

( )

**Federal Identification Number (Employer ID# or SSAN)** \_\_\_\_\_

Do you, the center operator, own or operate a used oil hauler business?

☐ YES☐ NO

Do you, the center operator, own or operate a used oil recycling facility?

☐ YES☐ NO**ORGANIZATION TYPE (Check One)****A. For Profit:**☐ Individual (Attach fictitious business name statement if applicable)☐ Partnership (Attach a copy of current partnership agreement)☐ Corporation (Supply corporate number as filed with the Secretary of State)☐ Husband and Wife co-ownership (Supply both spouse's names)**B. Non Profit:** Attach copy of a letter from the Federal Internal Revenue Service and the State of California Franchise Tax Board confirming tax exempt status, and corporate identification number or authorizing resolution (if applicable).☐ Church☐ School☐ Youth Group☐ Corporation☐ Senior Citizen Group☐ Other (Explain \_\_\_\_\_)**C.** ☐ Local Government Agency (Attach a copy of authorizing letter or resolution from the governing body)**D.** ☐ Other \_\_\_\_\_

<b>CHECK YES OR NO AFTER EACH QUESTION.</b>	<b>YES</b>	<b>NO</b>
Were you or this program previously certified by the California Integrated Waste Management Board? If yes, what was your CIWMB identification number? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you or this program have other applications for certification or registration pending with the California Integrated Waste Management Board?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or this program ever been denied certification by the California Integrated Waste Management Board? If yes, when? _____	<input type="checkbox"/>	<input type="checkbox"/>

IV. ADVERTISING INFORMATION	
Date certified operation will begin (upon certification or date)	Total used oil storage capacity (in gallons)

Hours used oil is accepted:

<input type="checkbox"/> 24 hours per day/7 days per week <b>or</b>	<input type="checkbox"/> Thursday _____ a.m./p.m. to _____ a.m./p.m.
<input type="checkbox"/> Monday _____ a.m./p.m. to _____ a.m./p.m.	<input type="checkbox"/> Friday _____ a.m./p.m. to _____ a.m./p.m.
<input type="checkbox"/> Tuesday _____ a.m./p.m. to _____ a.m./p.m.	<input type="checkbox"/> Saturday _____ a.m./p.m. to _____ a.m./p.m.
<input type="checkbox"/> Wednesday _____ a.m./p.m. to _____ a.m./p.m.	<input type="checkbox"/> Sunday _____ a.m./p.m. to _____ a.m./p.m.

Describe operations conducted in addition to used oil collection, if any (e.g. retail gasoline sales, quick oil change, etc.)

**APPLICANTS FOR INITIAL CERTIFICATION**

Check the type(s) of advertising (below) and include the frequency (annually, bi-annually, quarterly, monthly, weekly or specify other) which will be used over the next two year period, indicating the center accepts used oil from the public at no cost and offers the recycling incentive fee.

**APPLICANTS FOR RECERTIFICATION**

Check the type(s) of advertising (below) and include the frequency (annually, bi-annually, quarterly, monthly, weekly or specify other) which occurred during the past two years, indicating the center accepts used oil from the public at no cost and offers the recycling incentive fee. Please attach documentation of each advertising event, including date.

Advertising Type	Frequency Advertised
<input type="checkbox"/> Newspaper, magazine, newsletter or other periodic publication	_____
<input type="checkbox"/> Radio	_____
<input type="checkbox"/> Press releases, public service announcements, or feature news	_____
<input type="checkbox"/> Printed material including brochures or posters	_____
<input type="checkbox"/> Outdoor advertising including billboards and transit signs	_____
<input type="checkbox"/> Special events	_____
<input type="checkbox"/> Television	_____
<input type="checkbox"/> Direct mail	_____
<input type="checkbox"/> Yellow pages	_____
<input type="checkbox"/> Other (written request containing description must be attached)	_____

V. DECLARATION AND SIGNATURES

IF APPLICANT IS:  
A partnership, the application must be signed by a partner, with authority to bind the partnership to a contract.  
A firm, association, corporation, county, city, public agency or other governmental entity, the application must be signed by the Chief Executive Officer or the individual with authority to legally bind the entity to a contract.  
A husband and wife co-ownership, the application must be signed by both the husband and the wife.

*I certify, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge, and that the facility for which this application is being made is currently in compliance with all Federal, State and local requirements. I certify that the property owner is aware that I am applying to become a certified used oil collection center and will be accepting used oil from the public. I agree to operate in compliance with the requirements of the California Oil Recycling Enhancement Act, and with all related regulatory provisions.*

Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed
Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed

Return completed application to: Used Oil Recycling Program  
California Integrated Waste Management Board  
1001 I Street, PO Box 4025  
Sacramento CA 95812-4025

Any questions, please call: (916) 341-6457

FOR CIWMB USE ONLY
Date Received_____
Date Accepted_____
Date Rejected_____
Resubmit Date_____